

Practical Experience Application/Affidavit
South Dakota Board of Pharmacy
4305 South Louise Ave., Suite 104, Sioux Falls, SD 57106
Phone: 605-362-2737

Please print or type:

| | | | |
|--------------------------|---------|--------------|----------|
| Name: _____ | | | |
| (Last) | (First) | (Middle) | (Maiden) |
| Permanent Address: _____ | | | |
| | | Phone: _____ | |
| Temporary Address: _____ | | | |
| | | Phone: _____ | |

Internship Site/Experience:

| | |
|---|------------------------------------|
| Pharmacy Name: _____ | |
| Address: _____ | Phone #: _____ |
| City/State/Zip: _____ | |
| Preceptor: _____ | Certificate No: _____ State: _____ |
| Beginning Date: _____ | Ending Date: _____ |
| Explanation of Special Circumstances: _____ _____ | |
| <i>20:51:02:10. Practical experience defined. The term practical experience as it relates to qualification for licensure, means performing the practice of pharmacy as defined in SDCL 36-11-2.2 and the functions authorized to registered pharmacists in SDCL 36-11-19.1, all of which must be performed under the immediate and personal supervision of a registered pharmacist. The Board of Pharmacy may not accept practical experience of more than 48 hours a week, or less than eight hours a week.</i> | |

_____ I have previously paid the fee of \$40, and am assigned South Dakota Intern Certificate No: _____

_____ I currently do not have a South Dakota Intern Certificate, and am submitting an **Application for Intern Certificate** with a fee of \$40 along with this application.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Intern Applicant

Date

This form must be returned to the Board of Pharmacy before internship begins.

(continued on back)

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(continued from front side)

To be completed by the pharmacist who will supervise applicant. This statement notifies the Board of beginning of this internship, and constitutes full compliance with Board of Pharmacy regulations by pharmacist supervisor.

20:51:02:11. Supervising pharmacist requirements. A registered pharmacist who agrees to supervise the practical experience of a registered pharmacy intern must certify this on a form provided by the board and agree to abide by the South Dakota pharmacy law and the rules of the South Dakota Board of Pharmacy. A pharmacist must be in continuous contact with and actually giving instructions to the intern during all professional activities of the entire internship. Interns may receive written or verbal prescriptions if the pharmacist reviews and makes the necessary professional determinations about the medication order, including the name of the drug, its strength and dosage, directions for use, and the number of allowable refills.

A pharmacist must verify the accuracy of all information entered into the computer by the intern. The identity of the pharmacist must be included in the record.

The pharmacist must inspect the prepared prescription and verify the accuracy of the preparation, and its labeling, prior to dispensing the prescription to the patient or patient's representative.

I have read the foregoing completed application of _____ whose internship training will have my immediate and personal supervision, and find that it accurately relates to the place of internship, which I deem is proper and in accordance with the regulations which are applicable, and other facts. I agree to abide by the Pharmacy Laws and Rules of the Board of Pharmacy in the state where practicing.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Registered Pharmacist

State Certificate No:

Date

This form must be returned to the Board of Pharmacy before internship begins.